

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

35765

## (1) PLACE OF BIRTH

County of Newberry  
Township of #9  
or  
Inc. Town of \_\_\_\_\_  
or  
City of \_\_\_\_\_

Registration District No. 3410 Registered No. 106  
(For use of Local Registrar)

(No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Robert L. Riddle If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 13 22  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Fannie Lee Riddle</u>	(14) NAME BEFORE MARRIAGE <u>Vera Mattie Mett</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Little Mountain</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Little Mountain</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(18) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Farmer</u>	(16) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3:15 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Little Mountain

Given name added from a supplemental report M. B. Woodward, M.D.  
(26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Oct 20 22 (28) [Signature] Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.